

WHO Watch Daily Report for WHA70
Day 4, 25 May 2017

Committee A

Poliomyelitis

The day started with the discussion on agenda item 12.3 Poliomyelitis. Polio virus is still an endemic problem in three countries of the world, with risk of reemergence in a few other countries. The Polio Eradication Programme has been one of the most important and heavily-funded programmes of the WHO. This programme provides technical as well as budgetary assistance to Member States to eradicate polio. For a disease to be notified as eradicated, there should be no new case for three consecutive years. Presently, WHO is working on the Polio End Game strategy as part of the winding down of the programme. As per this strategy, the existing programme will be downsized, merged with the health systems of the respective country and the Member States will introduce at least a dose of IPV (Inactivated Polio Vaccine)

Discussion: countries with endemic cases reported that the programme has been very helpful and progress is in line with the eradication goals. The countries also specified their initiatives to eradicate polio at the earliest. The countries noted that downsizing of the programme should be carried out with utmost caution and asked the WHO to continue concrete technical and financial assistance.

Member States also brought to the notice of the WHA that they have carried out the switch to IPV vaccine. However, there is a dire shortage of the vaccine. Some countries even said that continuing IPV introduction would not be sustainable if the present situation of stockouts continues. WHO agreed that the problem was real and that it does not deny it. It also expressed that this situation could continue until 2018 and suggested the introduction of fractional dosage to tide over the shortage. WHO gave a commitment to help the Member State in the eradication and expressed that downsizing would be rational.

The committee was asked to note the report, to which there were no objections, therefore the agenda item was noted.

Pandemic Influenza Preparedness Framework

The second session of Committee A began with agenda item 12.5 on the Pandemic Influenza Preparedness Framework.

The Member States applauded the PIP framework for its comprehensive approach. They mentioned the achievements of their respective countries in the preparedness to deal with a pandemic. Countries mainly described about the surveillance that has been put in place with the help of WHO and the coordination with GISRS labs. The WHA70 was asked to note the report "Review of PIP Framework" which is the monitoring and evaluation report on the completion of five years of the framework. The Member States were satisfied with the progress made and with the matter of benefit sharing. Two issues were debated during the session. Firstly, the review brought out a new aspect that Genetic Sequence Data which is derived from the viral isolate stands the risk of falling out of the purview of benefit sharing and Standard Agreement for Material Transfers-2. This matter was contemplated on and most of the Member States felt that it was necessary to bring GSD under the purview of the PIP framework. The second was the introduction of seasonal viruses under a similar binding agreement, wherein the manufacturers and suppliers have to share benefits of the products based on viral isolates.

The third issue was the suggestion for the PIP framework to be declared a specialized instrument of the Nagoya Protocol. On this, Member States asked the Secretariat to await the study commissioned on specialized instruments by the Convention on Biological Diversity on what constitutes a specialized instrument.

The committee was asked to note the report, to which there were no objections, therefore the agenda item was noted.

Human Resources for Health

The next agenda item was 13.1 on Human Resources for Health and implementation of the outcomes of the UN High-Level Commission on Health Employment and Economic Growth.

The agenda item dealt with the recommendations of the commission, which highlighted the intersectionality of human resources for health as an approach to making healthcare accessible by availability of personnel, as well as looking at the sector as an untapped area for employment. This commission was bringing together ILO and WHO on the above-mentioned areas. The report also looks into the aspects of health worker migration and conditions of work.

The Member States were satisfied with the report and noted the importance in seeing HRH as a way for achieving SDG3 and creating economic growth for the achievement of SDG8. Inter-sectoral action was noted as an area for further work to achieve the goals. It was also highlighted that most of the receiving countries of HRH were not adhering to the international code for global recruitments.

The committee was asked to note the report, to which there were no objections, therefore the agenda item was noted.

Committee B

Today was the opening of Committee B, and they started by electing the Chair and completing other modalities.

To begin with, 30 delegations requested the postponement of agenda **item 19 on Health conditions in the occupied Palestinian territory, including east Jerusalem, and in the occupied Syrian Golan** to the second meeting of Committee B. Five delegations opposed the request. The debate was put to a vote, which resulted in 59 votes in favour and 11 votes against, with 42 abstentions and 75 absent, therefore the agenda item was postponed to the next meeting of the Committee.

They then moved on to agenda **item 20 on Financial Matters**. First the Committee considered sub-item **20.1 on WHO mid-term programmatic and financial report for 2016-2017, including audited financial statements for 2016** and approved the draft decision contained in document A70/58.

The Committee then considered **items 20.2 on Status of collection of assessed contributions, including Member States in arrears in the payment of their contributions to an extent that would justify invoking Article 7 of the Constitution** and **item 20.4 on Scale of assessments for 2018-2019**, which were both approved without discussion. Therefore all countries accepted the contributions they are required to make to WHO, in acceptance the 3% increase in assessed contributions.

The Committee subsequently discussed **item 21 on Audit and oversight matters**, including the reports from the internal and external auditors. Reports were noted and the draft decision contained in document A70/61 was approved.